McDonald, Strong, Burk, and Mills. Preventing the spread of tuberculosis by use of disinfectants was mentioned. Dr. Moore closed the discussion.

Dr. Mills presented a case of prostatectomy, also presented the patient, who is an old man of seventy-five years of age. The patient had made a quick and good recovery. The Doctor presented the prostate gland that he had removed in this case. He also gave his technic in his case, it being the superpubic. He favors this route as being less risky. Dr. Burk asked the question, "Can the patient since the operation stop his water when he desires; also can he retain it at will or during the normal time?"

Dr. Evans of Highlands presented a case of osteomyelitis in a boy. The bones of the left leg necessitated amputation above the knee. The case had not entirely recovered.

Dr. Moore presented a case of confinement in which the patient had convulsions, the patient having uremic poisoning; but thought the symptoms may have been aggravated by gelsemium that had been administered. Dr. Tyler discussed this and referred to the importance of this case in relation ot the profession generally.

Adjourned to meet at 2 o'clock P. M., the second Wednesday in October, 1905, in the old Courthouse in San Bernardino, California.

J. M. HURLEY, Secretary.

Sonoma County.

Our Society met in Dr. Wheeler's office, Healdsburg, Dr. A. McG. Stuart, presided. There was a goodly number present and the meeting was spirited and instructive.

The Memorial Committee appointed by the president, and consisting of Drs. S. S. Bogle, G. W. Mallory and R. M. Bonar reported on the death of our late brother, Dr. M. M. Shearer as follows:

On May 28, 1905, Melville M. Shearer breathed his last. Peace be to him; hope to those who mourn for their departed loved one. Dr. Shearer was our first president, but for the last year had not been able to attend our meetings because of his poor health. He was a native of Ohio, born September 22, 1842, graduated from the Medical Department of Iowa University in 1863. He served in the 48th Illinois Volunteer Infantry, ranked as Major of Cavalry and made the famous "March to the Sea" under General Sherman, and served for 8 years with Generals Miles, Custer, Oaks and Ward. He spent 2 years at the Presidio, then came to this town, 35 years ago.

Dr. Shearer was a Knight Templar, and was for several years county physician. He did what he could for mankind. The memories of his many loving deeds, his great skill in relieving the distressed, his kind, sympathizing heart, will always remain with us. We, the medical profession, and friends deplore the passing away of this really great, good man.

The paper of the evening, by Dr. W. J. G. Dawson, on "Medical Jurisprudence" was much enjoyed. Many good things were brought out concerning our rights and those of the patients. That the prescription belongs to the doctor and not to the patient is a good thing to remember.

Dr. Crump followed in his usual pleasing manner. The resolution concerning life insurance examinations and benevolent societies was withdrawn.

At the close of the meeting we enjoyed a banquet, and at 1.30 A. M. started for our homes in automobiles, to meet again July 13, 1905, in Dr. Mallory's office, Santa Rosa, Cal.

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Our Society met July 13th in the Secretary's office with Vice-president A. McG. Stuart in the chair. The application for membership of Henry J. Trachman was received and referred to Censors. Many letters from various county societies relative to contract work were read and placed on file. The Committee on Condolence reported on the death of Dr. Shearer. Then the program of the evening was taken up. A lesson in osteology by Mark Delafield Mallory, the 5 year old son of Dr. and Mrs. G. W. Mallory, was of interest to all. The young man almost since infancy has been interested in the study of the human body and its parts and functions. He was quizzed and without much effort told the older and wiser ones the names of about ⅘ of the bones comprising the human structure. It is the boy's wish and the hope of his father that in after years he will be able to write "M. D." after his name.

A paper entitled "Some Things Done by the Profession" by Dr. G. W. Mallory was read. We took up hygiene and several speeches were made on that subject.

The next meeting will be held August 10th, in the office of the secretary. A paper entitled "Therapeutics" will be read by Dr. Edward Gray. Discussion by Drs. J. W. Seawell, A. M. Thomson, and W. J. Kerr.

We expect a report on the A. M. A. by our president and several others who attended the Portland meeting.

G. W. MALLORY, Secretary.

MEDICAL SOCIETIES.

Oklahoma State Medical Association.

At the last meeting of The Oklahoma State Medical Association, held in Guthrie, on May 10 and 11, 1905, officers were elected as follows: Dean, C. D. Arnold, El Reno; President, R. H. Tullis, Lawton; 1st Vice-President, N. Rector, Hennessey; 2d Vice-President, C. T. White, Lamont; 3d Vice-President, R. D. Lowther, Norman; Secretary-Treasurer, E. O. Barker, Guthrie. Dr. J. A. Hatchett, of El Reno, was elected delegate to the A. M. A., and Dr. A. K. West, of Oklahoma City, and Dr. Ira B. Bartle, of Carmen, were elected alternates.

The place of the next meeting was fixed at El Reno. which will take place as follows: First meeting of the House of Delegates will convene at 7:30 P. M., on the second Tuesday in May, 1906, and the scientific body on Wednesday and Thursday following.

It was unanimously decided that no social function shall be allowed to interfere with the scientific sessions.

Out of the 26 counties in the territory 24 are now organized with a membership of 405. Many good papers were read and discussed.

California Academy of Medicine.

The regular meeting of the California Academy of Medicine was held June 27, 1905, the president, Dr. Dudley Tait, being in the chair.

Diaphragmatic grooves on the liver.—Dr. R. O. Moody stated that two classes of grooves occur on the liver; first, those running parallel to the ribs and apparently due to the impression left by the ribs on the liver. These occur most frequently in women who lace. The second class of grooves run in the opposite direction, i. e., parallel to the falciform ligament, and have been termed diaphragmatic grooves. These grooves are found in about forty per cent of bodies coming to autopsy. They are usually found on the upper and anterior surface of the right lobe and may be single or multiple, as many as nine being found on one of the cases here reported. In form they vary from mere slits to more or less wide furrows, being one to eighteen millimeters deep and one and a half to eleven centimeters long. They occur with greatest frequency in old people but they may be found even in the fetus, three of the latter class being on record. Among the causes that have been believed to be responsible for these grooves are congenital changes in the diaphragm, constriction of the

thorax or abdomen by tight clothing, irregularities on the diaphragm produced by such causes as diaphragmatic pleurisy or local peritonitis, and a relatively too rapid growth of the liver for the size of the abdominal cavity, which throws the former into folds.

Dr. George Blumer stated that he had often noticed these folds at autopsy and that they seemed to occur more frequently in women than in men, and more frequently in those who laced.

Dr. Dudley Tait called attention to the importance of a knowledge of these grooves to the surgeon because they may be encountered at exploratory operations.

The relation of Hodgkin's disease to lymphosarcoma. Dr. H. W. Gibbons called attention to the great confusion that has arisen in the literature relative to the nature of certain enlargements of the lymphatic glands. Hodgkin's disease is characterized by enlargements of the lymphatic glands and tissues in the body, which enlargements usually remain discrete. It is usually accompanied by enlargement of the spleen, irregular fever, secondary anemia, absence of leukocytosis and severe cachexia ending in death. Lympho-sarcoma is distinguished from Hodgkin's disease clinically by the fact that the growth does not remain confined to the lymphatic tissue, but tends to infilterate the surrounding tissues. Reed, Longcope, and Simmons have shown that Hodgkin's disease is characterized by a definite microscopical picture, differing from the microscopical picture of both glandular tuberculosis and lymphosarcoma. Of the nine cases studied by the speaker, all presented the typical microscopical characteristics of Hodgkin's disease, as described by these authors; with this important exception, that in every case the capsules of some glands were found to be infiltrated by the new growth. In five cases, the new growth had broken through the capsule into the surrounding tissue where it was surrounded by a new capsule. In two cases, involvement of the muscle, salivary glands, and fasciæ had occurred. In the liver in three cases, the tumor could be observed invading the walls of a vein and passing through them. The speaker was inclined, therefore, to regard Hodgkin's disease as a malignant process rather than as a chronic infection. Yet it is still distinguishable from true lymphosarcoma by the nature of the cells that make up the tumor.

A. H. HEWLETT, Secretary.

Redlands Medical Society.

The May meeting of the Redlands Medical Society was held in the Y. M. C. A. parlors on Wednesday afternoon, the 17th. The members present were Drs. Strong, Evans, Power, Taltavall, Moseley, Wynne, Tyler, Wheat, Moore, Sanborn, Blythe, Shreck and Avey.

The president, Dr. Sanborn, presented correspondence received from Governor Pardee, in which the Governor explained his reasons for vetoing the bill providing for a state sanatorium for tuberculosis. Dr. W. B. Power read an interesting paper on hernia, illustrated by diagrams. Dr. Power also reported a successful operation of perineal prostatectomy which he had recently performed, and exhibited a prostatic tractor, made by a local mechanic, which had been of great service in the operation.

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The June meeting of the Society was held on the 21st inst., with a full attendance of members.

Dr. Antoinette Bennette, of San Bernardino, and Dr. Burk, of Highland, were visitors. Dr. H. M. Haskell was elected a member. Dr. Antoinette Bennette was proposed for membership. The president, Dr. Sanborn, called attention to resolutions adopted by the Sonoma County Medical Society in regard to contract practice and fees for medical examinations for insurance companies and benevolent societies, and, after some discussion, appointed Drs. Blythe and Payton a committee to draw up resolutions expressing the views of this Society. Dr. C. C. Browning, of Monrovia, read a paper on "Tubercular Meningitis," based upon a case which he had recently treated. Dr. Browning dwelt upon the value of prophylaxis and the importance of making a diagnosis as early as possible, and expressed the opinion that a successful treatment for these cases would be discovered. In the discussion which ensued most of the speakers endorsed the views of Dr. Browning. Dr. Tyler reported a case of hydropneumothorax. The society then adjourned until the third Wednesday in October.

WM. A. TALTAVALL, Secretary.

San Francisco Society of Eye, Ear, Nose and Throat Surgeons.

The regular meeting was held on June 15th, 1905, in the rooms of the San Francisco Polyclinic, the president, Dr. Pischel, in the chair. It was decided to tender a banquet to Prof. Hirschberg, of Berlin, Dr. Holmes, Chairman of the Section on Ophthalmology of the A. M. A., and to the visiting specialists.

Mrs. Holden, principal of the deaf and dumb department, of the Harrison Primary School, gave a practical demonstration of how the deaf and dumb mutes were taught. A number of children were shown, all in different stages of progress and demonstrated to the society.

The sense of sight is trained by many clever devises, the teacher using practical means. Color sense is also developed.

Lip reading is included under the sense of sight, and in this the children receive marked attention, as it is possibly the most useful training they receive.

The children were next blindfolded and had to guess what different things were by putting them into the mouth. This develops the sense of taste.

Mrs. Holden now demonstrated how the sense of touch was cultivated. She placed a number of samples of cloth before the children and allowed them to pick out certain pieces, then with the eyes closed, the child had to tell which piece it had picked out, using only the sense of touch. The other children were all very happy if one child got the piece wrong. Naturally only some material is used that is distinctly marked or ridged. After that they place one hand on the sounding board of a string-instrument, with backs turned, and beat the time while the teacher plays a tune, counting one, two, three, etc. As soon as the instrument stops the children know it. This is known as beating time. This work is generally done with the piano. The teacher then took a ruler of wood and placing one end on the mastoid region, the other end in contact with the counting-board, the child is told to notice the vibrations. They are taught the high and low tones by the vibration. An English lesson is then given. The teacher has some acorns and green leaves and moss which have come from the country. The children are first told where these come from, pictures are drawn by them of the country and hills and the farmhouse where the lady lived who sent them. Branching off of this they are told about the farm, the cows and the butter. At the school they are given the milk and churn their own butter. They are told of the stage which took the ferns and things to the postoffice in the country. Pictures are drawn of the stage and the postoffice, then the train which brought the things to Oakland, the ferry is described which brought them to San Francisco, and then the children were taken to the ferry postoffice and the progress of mail distribution described to them. In object lessons of this sort the children have all been taken to the sugar factories and glassworks, and anything of that sort which carries out the idea of their lessons. Drawings are represented by the children. On pointing to the pic-

tures the children try to tell the story and call out the various objects pointed to. Also to spell the names of the plants and describe the different ones, and name each step of how they got here.

The teacher remarked that although the enunciation was not perfect and the progress was slow, the fact that children could take their places with their immediate friends and in their homes, paid for the time and patience. They could probably not take their places in the world. She said she had been 13 years at the work and had not found one child who could not be taught sufficiently so as to be understood by others. She referred to Alexander Bell, who said that mutes should be taught to speak so as to take their places in the family even if the outside world could not understand them.

Dr. A. P. Hall read a paper entitled, "The History and Demonstration of Teaching Deaf and Dumb Mutes," with the following discussion.

DISCUSSION.

Dr. Welty—There is a great deal to be said on this subject. When the pathology of deaf mutes is thoroughly understood, it becomes apparent at once why so little can be done for the real condition. In most of the cases there are remnants of hearing left which can be demonstrated by Bezold's Tuning-Forks. When you have found the tone that the patient can hear, begin by the Urbantschitsch method, which is a development of the remaining sound perception apparatus. This is a long and tedious method; at the same time good can be accomplished in all cases. It is more of scientific interest than of practical application because the time expended on these patients extends over a period of years of daily training of several hours each. Mrs. Holden has demonstrated what can be done in another way. This is very good and demands our utmost consideration. In some of these cases a great deal may be accomplished when the deafness is due to lesions of the sound-conduction apparatus. In fact one of the children in this school consulted me. There was destruction of the entire drum membrane and cholesteatoma in both ears. In the right ear granulation tissue protruding from the antrum and a thickening of the mucous membrane of the inner ear. The labyrinth was not absolutely intact, but from the various tuning-fork tests her hearing would have been benefited by the radical operation, the possibilities of cerebral complication eliminated and in every respect the patient placed in a better condition. The father would not allow an operation and the child of necessity is steadily growing worse. In other words, the cases of deaf mutes that can be benefited by operation must have the labyrinth intact or very nearly so.

Dr. Fredricks—Of course this is an extremely interesting demonstration. I was glad to see it. We all run across children of this kind and as long as we cannot restore the hearing or provide them with hearing, it is very well to know somebody who will take them and provide them with other means of communicating with the world. This whole method is merely a method of lip reading. I do not see that they are taught to appreciate sounds such as they are in the Church method. I know of one family of deaf mutes—the father was a classmate of mine in Berkeley—the wife is a deaf mute also, and they have seven children, who are all normal. I met the father at a class dinner and he always brings his eldest son with him, and it is arranged that he sits opposite his father and tells him everything that is going on. I am surprised that the Auburn Church method is not more used in this country. It takes a long time, but it is about the only thing that we can work with where there is a remnant of hearing left. I wrote a paper about six years ago on aural gymnastics.

Dr. Hall—There is a great deal of theory in watching these cases. Really it is all theory. The system of lip teaching and lip reading of course differs from the French method of spelling by hand. What I wanted to point out this evening was the advantages that the deaf have and their capability of being educated, and what they could perform after they were taught and the advantages they were having in the school system at the present time. In regard to hearing, I do not think there is a child here to-night that can hear anything the way we hear. I have tested pretty closely. I had one child with me nearly a year, and I have watched it very closely. It is now attending school and developing very rapidly and gaining knowledge and can speak, and I have thought sometimes he could hear. I think it is all from the vibration of the voice. You can put this child in a room and start a phonograph in the next room and he can tell you when it is playing.

The society then adjourned until September.

W. SCOTT FRANKLIN, Secretary.

San Francisco Polyclinic Gathering.

Regular meeting, May 3, 1905; the president, Dr. H. A. L. Ryfkogel, in the chair.

Syphilitic Involvement of the Liver; presented by Dr. Chas. G. Levison.—J. C., 34 years of age; married; attorney. Previous illnesses: Had typhoid 12 years ago. Synovitis of knee 6 years ago. Malaria often (?); 8 years ago suffered from double vision and severe headaches, which cleared up under the use of the iodides. Present trouble began 4 years ago with a trauma of the lower part of the right chest, at which time he coughed and expectorated considerably. He also had at this time severe pain (pleuritis). Since then he has had similar pain at various intervals. This has never been severe, simply a sore feeling, which at times radiated towards the shoulder and at other times towards the unbilicus. Pain was less when the patient was on his back, and was quite uninfluenced by diet. Has never had fever, nor has he been jaundiced. Patient has felt for some time a crackling sensation under the right ribs with each deep inspiration.

Examination shows a bulging in the right hypochondriac region. Marked tenderness. No rigidity of abdominal muscles. Over this bulging in the right hypochondrium, a crepitus was distinctly felt on light palpation. Heavy manipulation made this crepitus more marked. Liver not increased in size from above, but the liver dullness extends to within 2 inches of the navel. Spleen was not enlarged. Auscultation of liver region elicited a crepitus, just what one would expect from the grating of calculi against one another. The diagnosis of gall stones was made on account of this crepitus, so easily elicited, which very materially influenced our judgment. Palpable gall stones are exceedingly rare.

Moynihan states that he has palpated gall stones through the abdominal walls but once. In our case, in view of the history, it was thought that a friction rub consequent upon an old peritonitis could be eliminated. The diagnosis of gall stones was a poor one, and the correct diagnosis should have been made considering the history and size of the liver. A liver of this size with the symptoms presented is exceptional in gall stone disease. All of this, together with the absence of cachexia, jaundice, ascites, distended collateral circulation, and splenic enlargement, should have been sufficient to establish a diagnosis. This should have been confirmed by the fact that his double vision and his severe headaches were relieved by iodides, despite the fact that he denied lues. Under gas and ether, a 6-inch golf stick incision was made after "Kehr," and the liver exposed. A rapid survey of the gall bladder revealed the fact that it was empty and not enlarged. The liver was much enlarged, and extended to the navel. It was normal in appearance on its upper surface, but when the under surface was exposed, it was seen that the enlargement was due to a number of whitish nodules, of various sizes, which seemed to be confined to the under surface of the liver. There was no glandular infiltration, no cirrhosis, no splenic enlargement and no ascites present. All this was considered, and the conclusion was reached that we in all probability had a syphilitic liver to deal with. The cause of the crepitus proved to be a perihepatitis which had caused a large mass of fibrinous exudate to be deposited on the surface of the liver. There was also some roughness of the parietal peritoneum, so that with each respiration this crepitus was produced. The abdomen was closed with considerable difficulty on account of the large size of the liver. Convalescence unimpeded.

Under mercurial injections and iodides, the liver has receded, so that it is almost normal in size, and all of the symptoms from which the patient has been suffering have subsided. The case was one of great interest and I shall be exceedingly cautious with the diagnosis the next time a similar case presents itself.

Mastoiditis.—Dr. M. W. Fredrick presented two patients on whom operations had been done for mastoid suppuration.

The first patient, a cook, aged 32, had had a tense, brawny, purplish and painful swelling which occupied the whole left side of the head and caused the ear to stand out at a right

angle. The hearing was good and the middle ear not involved. He was sent to the City and County Hospital for operation and an incision, necessarily deep on account of the great swelling, showed a carious spot at the tip of the mastoid. On going through this an abundance of pus escaped. The tip was filled with granulation and broken down tissue, and was therefore completely removed. Partial closure with drainage now completed the operation. The temperature, which had been 103° F., fell to normal in 24 hours, and the patient made an uneventful recovery. The second, a poorly nourished girl of 14, had been treated for ear trouble in the Polyclinic 3 years previously and had returned with middle ear full of granulations, hearing almost lost, and a soft fluctuating swelling behind the right ear. Patient was sent to the City and County Hospital and operated on by Dr. O. N. Taylor. A Whiting incision showed a discolored spot on the wall of the antrum through which pus was slowing oozing. The opening was enlarged, the antrum curetted and the posterior wall of the external auditory meatus was chiseled off, after having first passed a curved silver probe through the aditus ad antrum to protect the facial nerve. After cleaning out the attic and middle ear the wound was partially closed and drained, and the patient made a good recovery. The patients were shown to illustrate two extremes in mastoid work; the process in the first was acute and involved the mastoid tip only; that in the second was chronic and involved antrum, attic and middle ear, but not the tip. The major part of each operation was done with curette and rongeur.

Large Aneurysm of the Aorta; presented by Dr. J. Wilson Shiels.—W. H., male, age 47. Has always used tobacco and alcohol to excess. Had rheumatism and lues some 20 years ago. About 3 years ago caught cold and had a creaking cough and pain on right side of chest. Cough and pain increased in severity. He was in hospitals at various times, but condition did not change and of late his feet have become edematous. On physical examination he was found to have a tremendously large aneurysm of the ascending portion and arch of the aorta.

Carcinoma of the Liver.—Dr. J. Wilson Shiels and Dr. C. G. Levison presented a case of exploratory celiotomy for carcinoma of liver.

W. C., male; 50. Present illness: 2 months ago noticed pain in left side under lower rib radiating to front of abdomen; now is up to axilla; pain increased on activity; not aggravated by respiration; no cough. Patient says food seems to disagree, and few hours after taking fills up with gas, and pain results; is sometimes nauseated, but does not vomit; appetite fair; bowels not regular; at times has had clay-colored stools.

Two weeks ago jaundice occurred; never jaundiced before. Patient is well developed, fairly well nourished; pale, sallow and yellowish in color. Abdomen large, and tenderness marked over liver. On percussion, upper border of liver, dullness is found at 6th rib; lower border, 3 inches below costal margin; easily palpable, edge is hard, surface uneven. Urine, dark yellow, clear, 1.022, distinct cloud, albumen; no bile, and granular casts.

On examination of the abdomen there is seen a dome-like prominence, in the form of an arch, symmetrical and reaching downward to within 4½ cm. above the umbilicus; the skin over this area looking tense. There was edema of lower extremities and some ascites. A median abdominal section was made from sternum to umbilicus, and to facilitate inspection and palpation of under surface of the liver, the right rectus was severed from a little below the middle of the vertical incision. A large quantity of grumous fluid was evacuated from the abdominal cavity.

The liver and spleen were palpated, the former inspected. One large, hard nodule was to be seen and felt on the under surface of right lobe posteriorly, while several similar nodules were found in the left lobe on under surface. The spleen was displaced downward and posteriorly by the enlargement of the left lobe of the liver. The case was considered one of inoperable malignancy of the liver, and the abdomen was closed.

Intercostal Cardiac Murmurs; presented by Dr. Shiels.—P. B., age 22, male, admitted to the City and County Hospital last January, suffering from precordial pain, marked dyspnea, weakness and loss of appetite. Has had 4 attacks of rheumatism in 8 years, last being one month previous. He was found to have edema at base of both lungs, endocardial murmurs as well as a pericardial friction rub, Broadbent's sign and systolic retraction of interspaces. When first seen by Dr. Shiels in April, had no joint pains, but complained of persistent slight precordial distress. At this time pulse was 84, regular, moderate volume and tension not paradoxus; blood pressure slightly irregular but averaging 150. No Friedrich's sign. Bilateral Broadbent. Impulse of heart diffuse, heaving. Heart enlarged, the left border of cardiac dullness extending 3½ inches to the left of sternum. Change of position of the patient caused shifting of the area of cardiac dullness. Double murmurs are now audible over the whole precordia, while a diastolic murmur, of cardio-pulmonic origin, is best audible in the mid-axillary line. No friction rubs of pericardial origin are present. This case, apart from the number of interesting features presented by the murmurs of endocardial origin, showed how difficult it is at times to absolutely eliminate the possibility of the existence of pericardial adhesions in patients who are known to have had a fibrinous pericarditis.

Abscess of the Lung; presented by Drs. Shiels and Levison. V. P., male, age 43. Was admitted to Dr. Shiels' ward at the City and County Hospital on April 14th. He had some lung trouble of 2 weeks' duration, 3½ months previous to admission. Went back to work, but soon noticed dyspnea, palpitation and precordial pain. Spent 5 weeks in a hospital and 2 in the country, but he had now lost about 40 lbs., is orthopnolic, above symptoms being aggravated, and his lower extremities are dropsical. One brother died of tuberculosis. Patient denies lues. The physical examination revealed a most interesting condition of affairs. Very emaciated, cyanatic, pulse irregular in time and character. Heart is displaced downwards and outwards, the apex being in 7th interspace 16 c. m. to left of median line, the upper border being at the level of the 4th rib. There were also to be heard murmurs indicating a double mitral lesion. The left lung extends to 12th dorsal vertebra, lower border not moving with respiration, hyperesonant, with breath sounds of slightly diminished intensity. The right lung anteriorly is dull down to 3d rib, from 3d to 5th absolutely flat; 5th to 7th tympanitic where it runs into liver dullness. Posteriorly dullness throughout. Anteriorly breath sounds audible only as far down as 3d rib, harsh inspiration and prolonged expiration, and in axilla pleuritic friction sounds audible. Posteriorly bronchial breath sounds to 4th dorsal, with subcrepitant rales; below sounds are faintly heard; vocal fremitus and vocal resonance present over both lungs, and if at all diminished, it is especially over right lung.

Besides an enlarged and tender liver, there was marked edema of the extremities and some ascites. The X-ray revealed a dome-like shadow corresponding to the middle lobe of the right lung, which shadow could not be differentiated from the liver's. The blood gave a white count of 16,000; polymorphonuclears 81 per cent. The sputum was abundant and at times foul and purulent, at other times muco-purulent, but comparatively odorless. The diagnosis rested between abscess and bronchiectosis. At operation, Dr. Levison resected a piece of the 3d rib under Schleich anesthesia and evacuated a great quantity of pus containing a shred of lung tissue.

The autopsy revealed an abscess cavity which began as a bronchiectatic cavity in the middle lobe. The lower lobe was consolidated and pushed backwards. The upper lobe was pushed backwards against the spine. The right auricle was dilated sufficiently to admit a fist; the mitral orifice was stenosed and incompent. The cardiac muscle was very flabby. The gall bladder was dilated, full of bile and contained a few small stones, while the common duct was completely obstructed by a stone the size of a marble. The patient died of cardiac failure, which had been so marked that operation had once been postponed. It was especially gratifying to find the diagnosis completely substantiated by the postmortem findings, even though the size of the right auricle made us feel that bleeding him would have done him no harm had it been done at the proper time.

REGISTER CHANGES.

Those members who desire to keep their Registers corrected up to date should check this list carefully. In the following will be found all the official changes (in California) received from the 15th to the 15th.

Arndt, Hugo R., from 372 Sutter st., to 701 Jas. Flood Bldg., San Francisco; hrs. 1:30-4 P. M.

Bahrenburg, Geo. E., from National Soldiers' Home, Los Angeles, to Sawtelle; hrs, 8-10 and 1-3 and 7-8. Beckingsale, D. L., from Ontario, San Bernardino Co., to 322½ 3d st., San Francisco, Bogue, H. E., from Whittier to Soldiers' Home, Los Angeles Co. **Brennan, T. F.,** from Hearst Bldg. to 514 Mason st., San Francisco. **Burke, W. P.,** from San Francisco to Highland, San Bernardino Co.

Church, Benj. F., from 145 S. Broadway to 412 Grant Bldg., Los Angeles.

Dawson, Byron F., from Cayucas to 794 Higuera st., San Luis Obispo. Dickson, A. T., from 459 Bryant st., San Francisco, to Maywood, Victoria, B. C. **Durfee, R. B.,** from 647 S. Grand ave. to 307-8 Fay Bldg., Los Angeles.

Gillihan, Allen F., from 2221 Shattuck ave. to Shattuck ave. and Alston Way, Berkeley; hrs. 2-4. **Gleason, Chas. D.,** from German Hospital to St. Luke's Hospital, San Francisco.

Johnson, Walter S., from Eureka, Humboldt Co., to 409 Hearst Bldg., San Francisco.

Kjaerbye, C. P. H., from 2042 Mariposa st., to 102 Forsyth Bldg., Fresno, Cal.

Mayon, James L., from Macdonough Bldg., to Central Bank Bldg., Oakland; hrs. 10-11 and 2-4. **McAulay, Martin,** from San Mateo to Newman, Stanislaus Co.; hrs. 10-12 and 2-4. **McNaughton, J. A.,** from Blue Lake to Georgeson Bldg., Eureka, Humboldt Co.

Poaps, A. Perry, from 1144 McAllister st. to 1131 Laguna st., San Francisco; hrs. 2-6.